

## **Establishment of the Foundation for Testimony**

The Prosecutor (usually) will establish the foundation to allow your testimony as a fact witness and/or as expert witnesses; SANEs need to be able to easily answer these foundation questions, using proper verbiage.

### **Basic Definitions:**

- Define sexual assault: any non-consensual sexual contact proscribed (forbidden) by state law, including when victim is not capable to consent
- Define trauma: “physical injury and/or deeply distressing or disturbing experience”; exposure to actual or threatened physical injury, death, or sexual assault (DSM)
- Define contact: any contact to your body done with “sexual intent” – any unwanted contact
- Define forensic/forensic evidence: related to application of scientific method(s) to investigate crime; SANEs only ‘forensic’ portion is to collect (patient requested) evidence and submit it to LE
- Define peer review (chart review)
  - IAFN strongly recommends 100% chart review by peers

### **Define Components of the Medical Forensic Exam – FOCUS IS HEALTHCARE, NOT EVIDENCE COLLECTION!**

- Injury identification and treatment (physical findings)
- Information, treatment, and referral for STI/pregnancy
- Suicidal ideation discussed
- ETOH/drug use explored
- Non-acute medical concerns addressed
- F/U to promote healing, treatment, and additional collection of evidence, if needed
- Evidence collected (biological findings)
- Documentation of all findings, interventions, education, response, plans (referrals, etc.)

### **Injury identification and documentation:**

- Injuries are classified by mechanism of injury:
  - From blunt trauma
    - Abrasions, bruises/contusions, lacerations/tears, hematomas, ecchymosis, avulsion, swelling, Petechiae, purpura
  - From sharp trauma
    - Incision/cut
  - From penetrating trauma
    - Incised: longer than deep
    - Stab: deeper than long
  - Burns
    - Thermal, caustic, electric, ‘contact’ (cigarette, etc.)
  - Patterned injury
    - Injury indicates object that caused it (belt, shoe, finger, etc.)
  - Pattern of injury
    - Multiple wounds in varying stages of healing that may indicate abuse

### **Ensuring we consider normal variants in anatomy and injury:**

- SANE must be familiar with anatomical variations that may mimic abuse
- If not able to determine if noted aberration is an injury or a normal variation, have the patient return for follow-up in a week or two
  - If aberration remains, it is a variant
  - If healed, it was an injury

### **Address why documentation is vital:**

- Essential for good clinical communication

- Accurate reflection of nursing assessments, changes in clinical condition, and care provided
- Pertinent information for multi-disciplinary team (including LE)
  - follow-up providers need the information
- **Address the duties of a SANE: Describe how staffing is done in your organization**
  - Scheduled shifts, SANE designated (usually an ED)
  - On-call for SANE calls
  - Other?
  - Patient Care:
    - History
    - Exam & treatment
    - Evidence Collection, if requested by patient
    - Discharge:
      - Referrals as appropriate
      - Safety Plan
      - Safety contract if needed for suicidal ideation
      - F/U contact
      - Documentation
  - Chain of Custody

### **Preparation: Education and Training**

- **How obtain RN degree:** complete prescribed course of education by an accredited school of nursing, which qualifies you to sit the Nursing Board's Exam
  - What is your degree?
    - Associates Degree in Nursing (ADN)
    - Bachelor of Science in Nursing (BSN)
    - Master of Science in Nursing (MSN)
    - DNP (Doctor of Nursing Practice) which is the terminal degree (final) for nursing
- **RNs are licensed:** successfully passing the Board exam licenses you to practice nursing in your home state (and, as of Feb. 2021, Idaho RNs may use their Idaho license to practice nursing in 33 additional states by reciprocity via the Nursing Compact)
- **RNs maintain nursing licensure (in Idaho) by:**
  - 100 hours of practice (OR have a current nursing specialty) and 15 hours of continuing education annually
    - OR one semester of college course, or other Board-approved education
    - OR publish article/manuscript
    - OR participate in research project, nursing volunteer work, teaching (if teaching is not primary employment), peer reviewing, precepting, professional auditing, or service on nursing or healthcare related Boards, organizations, associations, or committees
      - Recommend clearing alternate activities with the Board before attempting to use for maintaining licensure
- **RNs must qualify to take SANE education:** minimum requirement is an active, unencumbered (free of discipline) RN license
- **RNs must complete training to function as SANE:** 40-hour SANE-A or P course AND a minimum 16-hours mentorship after 40-hour course → practice as SANE, as allowed by organization
- **SANEs can certify by:** having an unencumbered nursing license and with a minimum of 2 years RN experience, practicing as SANE for minimum of 300 hours, and passing INTERNATIONAL SANE-A or SANE-P Certification Exam (through IAFN)